

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Wildlife, Fisheries and Parks		CONTACT PERSON Sally Sutherland	TELEPHONE NUMBER 601-432-2009	
ADDRESS 1505 Eastover Drive		CITY Jackson	STATE MS	ZIP 39218
EMAIL sallys@mdwfp.state.ms.us	SUBMIT DATE	Name or number of rule(s): W15- 3472 (Intent) Wolf River		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revisions to dates.

Specific legal authority authorizing the promulgation of rule: _____

List all rules repealed, amended, or suspended by the proposed rule: _____

ORAL PROCEEDING:☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.**TEMPORARY RULES**

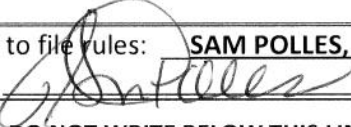
____ Original filing
 ____ Renewal of effectiveness
 To be in effect in ____ days
 Effective date:
 ____ Immediately upon filing
 ____ Other (specify): ____

PROPOSED ACTION ON RULES

Action proposed:
 ____ New rule(s)
 ____ Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference
Proposed date of adoption:
☒ 30 days after filing
 ____ Other (specify): ____

FINAL ACTION ON RULES

Action taken:
 ____ Adopted with no changes in text
 ____ Adopted with changes
 ____ Adopted by reference
 ____ Withdrawn
 ____ Repeal adopted as proposed
Effective date:
 ____ 30 days after filing
 ____ Other (specify): ____

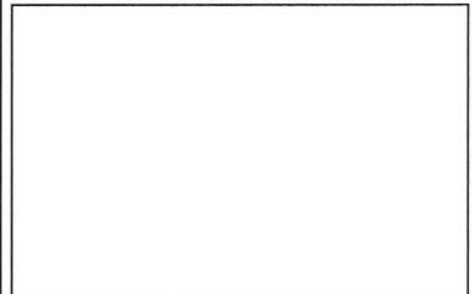
Printed name and Title of person authorized to file rules: SAM POLLES, Ph.D., Executive DirectorSignature of person authorized to file rules: **OFFICIAL FILING STAMP**

Accepted for filing by

**DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP**

Accepted for filing by

16850

OFFICIAL FILING STAMP

Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.